

Policy development strategy 2: Developing strategies and programs to realize the goals

Office of the Assistant Secretary for Health (OASH)

1. Coordinate the development of implementation plans to achieve the Healthy People 2000 Objectives for targeted settings and populations (*Office of Disease Prevention and Health Promotion*).
1990-91

2. Publicize and disseminate the Healthy People 2000 national health objectives and their implementation plans, such as those for the Model Standards (7), to public health professionals in a variety of settings (*Office of Disease Prevention and Health Promotion*).
1990-91 **1992 and beyond**

3. Coordinate the development of PHS implementation plans to achieve the Healthy People 2000 Objectives (*Office of Disease Prevention and Health Promotion*).
1990-91

4. Continue programs of awards and recognition to stimulate the development of State and local physical fitness programs. Young people and older persons will continue to be the special audience (*President's Council on Physical Fitness and Sports*).
1990-91

National Institutes of Health (NIH)

1. Support research to develop or improve vaccines against organisms causing such diseases as diarrhea (rotavirus), pertussis, influenza, and HIV infection and against cancer causing viruses.
1990-91 **1992 and beyond**

2. Convert research findings, clinical trials, intervention methods, and studies to public health policy. Special needs and risks of special populations are included in the studies, such as those listed.
1990-91 **1992 and beyond**

• Conduct a multi-center clinical trial to test the efficacy of employing immunotherapy (allergy injections) among allergic asthmatic patients.

• Public Health Service Task Force recommendations, such as Healthy People 2000 (6), the Surgeon General's Report on Nutrition and Health (11), and Model Standards: A Guide for Community Preventive Health Services (4, 7).

• Community risk reduction programs, such as the National Cooperative Inner City Asthma Study (National Institute of Allergy and Infectious Diseases); diet-cancer relationships, Cancer Prevention and Clinical Research in Underserved Populations, smoking and tobacco intervention trials, American STOP Smoking Intervention Study, and Cancer Screening in Special Populations (*National Cancer Institute*); the National High Blood Pressure Education Program and the National Cholesterol Education Program (*National Heart, Lung, and Blood Institute*); and the National Eye Health Education Program (*National Eye Institute*).

3. Sponsor conferences, symposia, and science workshops to produce recommendations with implications for public health policy. Examples are consensus development conferences, national advisory boards, and environmental health sciences councils.
1990-91 **1992 and beyond**

4. Lead a PHS interagency initiative for an oral health coordinating committee to improve the oral health of the nation through research (*National Institute of Dental Research*).
1990-91 **1992 and beyond**

• NIDR Research and Action Program for Improving the Oral Health of Adults and Older Adults

5. Research the potential of worksite programs for improving prevention and control behaviors in the workforce. Examples of such programs are those for increasing participation in screening programs, reducing the use of tobacco, achieving dietary modifications, and controlling high blood pressure.
1990-91 **1992 and beyond**

• The Worksite Health Promotion Program is designed to determine effective worksite-based methods for cancer prevention (*National Cancer Institute*).

6. Develop approaches to the problems of increasing screening program participation and early de-

tection practices that are alternatives to continuing medical consumer education efforts. The programs will be developed with the assistance of professional and volunteer organizations.

1992 and beyond

- Develop a program to inform health care professionals of the increased incidence, prevalence, and mortality of systemic lupus erythematosus in certain minority populations (*National Institute of Arthritis and Musculoskeletal and Skin Diseases*).

Indian Health Service (IHS)

1. Complete revision of part 3, chapter 2 (Dental Program), of the IHS Manual.

1990-91

2. Adopt and distribute revised maternal and child health policy (IHS Manual, chapter 13).

1990-91

3. Establish policies and procedures regarding data collection, committee membership and structure, and confidentiality assurance for IHS area perinatal, infant, and maternal mortality reviews.

1990-91

4. Adopt and implement a maternal and child health action plan for reducing infant and maternal mortality and the incidence of fetal alcohol syndrome, as required by P.L. 100-713, section 714.

1990-91

5. Develop and maintain a system to provide close supervision of community health representatives.

1990-91

6. Promote traditional health care practices of the tribes served, consistent with service standards for the provision of health care, health promotion, and disease prevention.

1990-91

7. Provide technical assistance to tribes in strengthening program management for such areas as performance standards and contracting guidelines.

1990-91

1992 and beyond

8. Assist tribes in developing contractual scopes of work, reporting requirements, minimum training requirements, quality assurance, budget formulation, and program monitoring and evaluation.

1990-91

1992 and beyond

9. Establish procedures in IHS areas to ensure that preconceptional care and psycho-social risk assessment is included in prenatal care.

1990-91

1992 and beyond

10. Establish procedures in each IHS area for ensuring that one-stop shopping will be incorporated in health care services provided by the service units.

1992 and beyond

11. Complete the Community Health Representative Program (CHR) Standards of Practice for inclusion in the IHS Policy Manual for delivery of health care.

1992 and beyond

12. Produce Chapter 16 (CHR Program) of the "IHS Policy Manual, Part 3 (Professional Services)," in final form.

1992 and beyond

Health Resources and Services Administration (HRSA)

1. Develop a one-stop shopping approach, particularly with regard to services for mothers and children and in providing prenatal care.

- Maternal and Child Health Bureau (MCHB) will develop guidelines that encourage States to plan and implement statewide one-stop shopping strategies for reducing the infant mortality rate. MCHB has funded a study to explore the feasibility of such service delivery in five States. Pilot projects are being funded by MCHB and Bureau of Health Care Delivery and Assistance (BHCDA) to develop and evaluate model one-stop shopping programs.

1990-91

- Bureau of Health Care Delivery and Assistance (BHCDA) and the Maternal and Child Health Bureau (MCHB) will work jointly with other Federal, State, and local agencies, such as the Department of Agriculture and its Special Supplemental Food Program for Women, Infants, and Children (WIC), and with the Health Care Financing Administration, to continue and expand co-location of health, social, and welfare services. Examples of coordinated activities include the provision of on-site WIC services and onsite Medicaid eligibility and enrollment. Additionally, BHCDA, in conjunction with MCHB, plans to expand demonstrations for projects to implement the one-stop shopping

programs at community and migrant farmworker health centers and other sites, using lessons learned from current activities.

1990-91

1992 and beyond

2. Develop innovative outreach and support services to foster health prevention and promotion behavior and to encourage early entry into the health and social services system, including rigorous and continuous followup activities.

- Encourage active outreach efforts, such as home visiting, special marketing targeted to minorities and other high risk groups, transportation programs, and school-based programs. In this regard, demonstration grants to community health centers to further innovative outreach efforts will be supported (*Bureau of Health Care Delivery and Assistance*).

1990-91

1992 and beyond

- Continue to provide support to States in their efforts to expand outreach and provide a variety of health services, including preventive, primary care, and rehabilitative services to mothers and children with special health care needs; activities relating to infant mortality reduction; and other services for low-income, high-risk persons who might not have other access to health and related care (*Maternal and Child Health Bureau*).

1990-91

1992 and beyond

- Explore the establishment of a mechanism for providing consultation and technical assistance to entities interested in facilitating the provision of basic health care for children and youth from low-income families through innovative funding mechanisms (*Maternal and Child Health Bureau*).

1990-91

1992 and beyond

3. Promote the Healthy People 2000 Objectives in program guidance material.

- Design program activities to maximize achievement of the Healthy People 2000 Objectives in health promotion and disease prevention.

1990-91

1992 and beyond

- Work with health profession educational institutions to increase their awareness of "Healthy People 2000: National Health Promotion and Disease Prevention Objectives" (6).

1990-91

1992 and beyond

- Convene workshops concerning how the Healthy People 2000 Objectives for the Nation, which provides a framework for public health programs, applies to education and training for health professionals, such as those in public health administration, primary care, nursing, the allied health professions, and health promotion programs. Convene a summary workshop to develop a 10-year plan for education programs that will help guide the programs and the Bureau of Health Professions (*Bureau of Health Professions*).

1992 and beyond

- Develop agreed upon program objectives for clinical preventive services as part of the Healthy People 2000 Objectives (*Office for Planning, Evaluation, and Legislation*).

1990-91

- Develop agreed upon program objectives for maternal and infant health as part of the Healthy People 2000 Objectives (*Maternal and Child Health Bureau*).

1990-91

- Outcome measures for community and migrant farmworker health centers are to be developed or revised to reflect the Healthy People 2000 Objectives (*Bureau of Health Care Development and Assistance*).

1990-91

1992 and beyond

4. Use projections of future needs for health professionals to influence program development.

- Collaborate with other PHS and Federal programs and agencies concerning top priority initiatives with implications for public health and health professions personnel, such as the AIDS, substance abuse, and environmental health initiatives (*Bureau of Health Professions*).

1992 and beyond

- Collaborate with State and local public health agencies concerning implications for health professions personnel of health policy decisions (*Bureau of Health Professions*).

1990-91

1992 and beyond

5. Develop strategies to promote rural health goals (*Office of Rural Health Policy*).

- Work with Health Care Financing Administration to identify reimbursement and operational

issues that impact public health providers in rural areas.

1990-91

1992 and beyond

- Work with other PHS components to ensure that their programs address the unique public health service needs of rural areas.

1990-91

1992 and beyond

- Work with the Agency for Health Care Policy and Research to improve the quality and quantity of rural public health research.

1990-91

1992 and beyond

6. Organ transplantation program strategies will include the following (*Bureau of Health Resources Development*).

- Develop with the Bureau of Health Professions a way of implementing a program to train health professionals in effectively requesting organ donations from minority groups.

1992 and beyond

- Develop guidelines for use by organ procurement organizations in overcoming barriers to organ donation by minority groups.

1990-91

7. In order to improve the coordination of services for children with AIDS, publish guidelines for funding those projects provided for in the FY 1990 HHS Appropriations bill that demonstrate strategies and innovative models of intervention in pediatric AIDS.

1990-91

8. Continue service demonstration projects to develop community-based systems of care for AIDS patients.

1990-91

1992 and beyond

Food and Drug Administration (FDA)

1. Expedite the availability of new AIDS therapies, including implementing the investigational new drug (IND) treatment process.

1990-91

2. Undertake focused regulatory research on critical rate-limiting aspects of the preclinical, chemical manufacturing, and clinical phases of drug development and evaluation for AIDS drugs.

1990-91

3. Review consumer education activities related to seafood so that the agency is prepared to deal effectively with seafood contamination issues.

1990-91

4. Implement fully the Administration's initiative to involve FDA earlier in planning clinical studies of drugs intended to improve survival and for earlier product approval.

1990-91

5. Develop and publish guidelines for computer-assisted transfer of biostatistical reviews associated with drug approvals.

1990-91

6. Develop quality control standards for use by producers of food animals to reduce drug residues in animal-derived human food.

1990-91

7. Establish an internal working group on promoting good health in older Americans to enhance communication, interaction, and information exchange and collaborative activities among FDA offices.

1990-91

8. Establishing a common direction and specific messages for agency-wide information and education activities designed to provide health information to the elderly.

1990-91

9. Identify health issues having a particular impact on the elderly and develop effective approaches to involving major organizations representing the elderly in the process of resolving the issues.

1990-91

10. Establish review processes that will give highest priority to applications for approval of drugs for the diagnosis, treatment, or prevention of AIDS, and AIDS-related diseases.

1992 and beyond

11. Establish review processes for AIDS drugs that will facilitate processing applications for approval of drugs for needed therapies.

1992 and beyond

12. Simplify the Investigational Device Exemption process. This will reduce the burdens on device manufacturers and investigators and encourage de-

velopment of beneficial innovations, including devices used in the treatment of AIDS.

1992 and beyond

13. Complete needed modifications of the process for reviewing the safety of biotechnology-based food products and processes, and advise the industry of changes.

1992 and beyond

14. Refine and expand the use of computer technology to increase the efficiency of the drug review process. Continue to work with the pharmaceutical industry in developing a general approach that will allow more efficient access to industry-submitted data by the agency.

1992 and beyond

15. Reclassify additional medical devices from class III (premarket approval) to a lower, but more appropriate, classification. This will allow wider access to these devices at a lower cost to consumers.

1992 and beyond

Centers for Disease Control (CDC)

1. Facilitate development of national, State, and local agendas and program priorities for high priority health problems, such as those listed.

- Ensure that affected minority and low-income groups are represented in policy development.

1990-91

1992 and beyond

- In collaboration with State and local health officials and experts from the private sector, develop recommendations and guidelines for control of disease, injury, and secondary disability in out-of-home child care centers.

1990-91

1992 and beyond

- Develop and implement national plans for influencing infant mortality and preventing secondary complications among people with physical disabilities.

1990-91

- Collaborate with national, State, and local substance abuse programs to coordinate drug abuse and human immunodeficiency virus and sexually transmitted diseases prevention policies.

1990-91

1992 and beyond

- Implement a national public health program to eliminate preventable mortality from cancer among women.

1992 and beyond

2. Provide training for officials at State and local levels to provide them with the skills and knowledge necessary for them to develop and influence policy within their respective jurisdictions.

- Assist in strengthening the policy development capacity of State and local health agencies by collaborating with professional organizations and organizations of State and local health officials to develop a 1-week annual policy development and management institute.

1990-91

1992 and beyond

- Provide technical assistance to State and local health departments to provide skills in organizing a community to assess its health problems, marshal its resources, and develop multiple and reinforcing health promotion strategies.

1990-91

1992 and beyond

3. Develop communication systems that will enhance the consistency of public health policies and messages at all levels of government.

- Develop methods to increase public awareness of the injury problem and increase the public's recognition that many opportunities exist to prevent and control injuries.

1990-91

- Work with State public health information officers on the National Public Health Information Coalition, a coalition to enhance State health office communication capacities.

1990-91

1992 and beyond

- Develop and evaluate channels and systems for health communications.

1990-91

1992 and beyond

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

1. Stimulate and guide researchers in preventive interventions directed toward: populations that already show linkages between alcohol use and unsafe sex practices; prevention of alcohol abuse among children, adolescents, and young adults; economic and socioeconomic issues in prevention; measuring the impact of warning labels on alcoholic beverage containers; patient-treatment matching; alcohol problems among the homeless; children of alcoholics; and, economic and socioeconomic issues in treatment (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

2. Support an adolescent alcohol research center to study societal and physiological factors that influence alcohol abuse among adolescents (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

3. Release new announcements, stimulate and guide researchers in submitting applications, and monitor and manage relevant funded grants in prevention of alcohol problems by primary health care providers, prevention of worksite-related alcohol problems, prevention of alcohol abuse in the older population, and prevention of alcohol abuse and alcohol-related problems among cultural and ethnic minorities (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

4. Evaluate community-based treatments for homeless persons with alcohol and other drug problems (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

5. Provide support for up to 18 new research demonstration programs to increase knowledge regarding the effectiveness of interventions for homeless persons with drug and alcohol problems (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

6. Release announcements of new grants available in the areas of treatment processes, treatment of alcoholism among trauma victims, brief interventions in primary care, and pharmacological treatment of alcoholism. Stimulate applications under these announcements (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

7. Identify the gene or genes associated with the susceptibility to develop alcoholism and identify mechanisms for alcohol-seeking behavior (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

8. Support research to develop strategies for reducing alcohol consumption by pregnant women and adolescents (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91 **1992 and beyond**

9. Support research to develop strategies for reducing alcoholic liver disease (*National Institute on Alcohol Abuse and Alcoholism*).

- Collect new information on the mechanisms underlying the disease.

1990-91 **1992 and beyond**

- Identify potential markers for the detection of persons with high risk of developing cirrhosis.

1992 and beyond

- Improve the means for early detection of alcohol-induced liver disease.

1992 and beyond

10. Establish an organizational structure to facilitate new working relationships among groups interested in drug abuse problems (*National Institute on Drug Abuse*).

- Support national AIDS demonstration research and AIDS community outreach projects.

1990-91 **1992 and beyond**

- Form new liaisons with professional and provider groups interested in drug abuse problems and convene a biennial meeting of the Community Epidemiology Work Group.

1990-91 **1992 and beyond**

- Develop anti-drug approaches to a drug-free workplace, including programs for laboratory certi-

fication, Federal drug testing, employee assistance, and applied scientific research.

1990-91

11. Publish and disseminate program announcements for centers for the neuroscience of mental disorders and centers for neuroscience research to stimulate multidisciplinary research on such severe mental illnesses as schizophrenia and affective disorders and research on basic cell and molecular brain mechanisms relevant to mental illness (*National Institute of Mental Health*).

1990-91

12. Issue a new program announcement to reflect the research priorities of the National Advisory Mental Health Council's National Plan for Child and Adolescent Research (*National Institute of Mental Health*).

1990-91

13. Fund eight national mental health research centers for conducting research on mental health needs and issues related to four specific ethnic minority groups, American Indians and Alaska Natives, Asian Americans, blacks, and Hispanics (*National Institute of Mental Health*).

1990-91

14. Establish new focal points for basic extramural research on cognitive neuroscience, cognitive psychology, neuropsychopharmacology, behavioral medicine, and prevention of mental illness (*National Institute of Mental Health*).

1990-91

15. Fund one or two new neuroscience mental disorders centers on specific mental disorders, and one or two new neuroscience centers on basic cellular and molecular brain mechanisms relevant to mental illness (*National Institute of Mental Health*).

1990-91

16. Conduct a conference to review progress on the development and evaluation of standardized methods for measuring and classifying psychiatric disorders and provide recommendations on future research opportunities (*National Institute of Mental Health*).

1992 and beyond

17. Use technical assistance and conferences to assist strategy building (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

1. Reduce adverse health outcomes that result from exposure to hazardous substances through primary and secondary prevention activities.

1990-91

1992 and beyond

- Preventing exposure to and adverse health effects from exposure to hazardous substances.

- Evaluating populations for adverse health effects and providing recommendations for health care.

- Developing new strategies for evaluating populations for adverse health effects from exposure.

- Building capacities in State and local health jurisdictions to evaluate populations for adverse health effects and provide recommendations for health care.

- Developing relationships with appropriate Federal, State, and local agencies.

Agency for Health Care Policy and Research (AHCPR)

Disseminate findings from the medical treatment effectiveness activities, with particular attention to clinical guidelines and research findings from grants for Patient Outcome Teams (POTs).

1990-91

1992 and beyond